

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	10/10/07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000190	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
Wells. Single for Kendall's For Kover	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			EF reviewed 10/10
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	10/10/07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000190	<input checked="" type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
Wells. Single for Kondra's For Kover	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Honorage Nursing Center
1207 North Cashua Drive
Florence, SC 29501

843-665-6172
Fax 843-665-1233

RECEIVED

OCT 10 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

October 8, 2007

LogistiCare Solutions, LLC
206 E. McIntyre Road
Mullins, SC 29574-3618

Attention: Mrs. Patricia Johnson

Dear Mrs. Johnson:

This letter is being composed in response to a NET Program Transportation Request Denial received to our facility on October 5, 2007. The denial was issued to one of our residents, Mrs. [REDACTED] for Date of Services 10/03/2007 citing the reason as "Dental Care 21 and Over". A copy of that denial is attached. *(Removed for Privacy)*

This letter is to serve as an official appeal to this decision. This resident has already been certified by a South Carolina state official through Community Long Term Care as being skilled nursing facility level of care (i.e.: requiring 24 hour per day, 7 days per week, medical supervision) and transporting her by any means which does not offer that supervision will fail to fulfill that obligation. This facility is being reimbursed by the Department of Health and Human Services through the state's Medicaid program for her stay here as well as her medical supervision provided at all times in this facility because she has been determined to require this level of care. If we permit her to be transported by any other means outside this facility that we know does not offer that medical supervision then this facility is failing to ensure that her medical supervision is provided. We are not reimbursed by Medicaid for services provided outside this facility. Transporting her by wheelchair van does not meet those needs and is simply not safe for her as she may at any time decide she is going to get out of her chair while the van is in motion. Alert and oriented, ambulatory, and cognitively stable residents capable of being transported by means other than those that offer constant medical supervision simply are not approved by Community Long Term Care for reimbursement through the state's Medicaid program for Skilled Nursing Facility placement in the first place and the medical supervision provided on their transports should not even be open for discussion.

This resident has had to have her ill-fitting dentures adjusted, which cannot be performed without her present for that purpose. When a resident's dentures do not fit well, their intake decreases which, for this resident in particular, can lead to complications with diabetes, wound healing, alteration in skin integrity, dehydration, weight loss, general health decline, and if unresolved can eventually lead to serious skin problems such as decubitus ulcers arising from malnutrition states. When residents develop decubitus ulcers in a skilled nursing facility, the Department of Health and Environmental Control can issue citations for failing to meet their needs, even more so if it can be justified that those ulcers were avoidable with a simple, and less expensive, denture adjustment.

There simply must be some resolution to this issue. Skilled nursing facility residents require constant medical supervision; this is why there are here. They also require that all of their health needs be met. Adjustment of dentures is not immune to those health needs. How many residents of skilled nursing facilities will be denied basic dental treatment which can improve their quality of life simply because LogistiCare denies coverage of their transport? This is not the first resident this issue has arisen on and I have been told that "someone is working on it."

Sincerely,



Howard W. Clarke, Administrator
Attachment

CC: Governor Mark Sanford, Lieutenant Governor R. André Bauer
Mr. J. Randal Lee, President SCHCA
U. S. Congressman James E. Clyburn, J. Gresham Barrett, John McKee Spratt, Bob Inglis, and Joe Wilson
Senators Hugh Leatherman, Sr., Lindsey Graham, and Jim W. DeMint,
Alicia Jacobs, Deputy Director for SC DHHS

Thursday, October 4, 2007

[REDACTED]
HONORAGE NURSING HOME
1207 N CASHUA ROAD
FLORENCE, SC 29501

*(Pl. Named Removed for Privacy)
Mailed to a Skilled Nursing Facility*

Dear [REDACTED] *(Removed for Privacy)*

NET Program Transportation Request Denial

Date of service: 10/03/2007

Member ID Number: 7780506644

This letter is to inform you that the regional NET broker named above has denied a request for non-emergency transportation services on (date) as detailed below.

Reason(s) for Denial: Dental Care 21 and Over

Proof of Medicaid eligibility is required for each request for non-emergency medical transportation.

If you have any questions regarding this denial, you may contact us at 1-866-381-4856.

You have the right to appeal this decision. Your appeal must be made in writing within 30 days of the date of this letter.

Mail your appeal to:

LogistiCare Solutions LLC
Attention: Patricia Johnson
206 E. McIntyre RD
Mullins, SC 29574-3618

Sincerely,